REPORT DOCUMENTATION PAGE

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Evaluation of a Tool to Predict 90-day Readmission or Death Following Hospitalization for COPD Capt Alexander S Patlovany, PharmD^a; Annabel L Schumaker, PharmD^b

^aSan Antonio Military Medical Center, JBSA Fort Sam Houston, TX ^bDepartment of Pharmacy, Brooke Army Medical Center, JBSA Fort Sam Houston



BACKGROUND

NRMY MEDICINE

exacerbation of COPD/ death in patients discharged following an admission for an acute PEARL was developed as a predictive tool for 90-day readmissions or BODEX⁵) or health status (DOSE⁶) rather than hospital readmission. were developed primarily to determine risk of death (ADO4 and readmitted³. Several predictive models exist for COPD; however, they between provider groups, no group accurately predicted who would be identifying patients at high risk for readmission. In a comparison Francisco Medical Center, a study found that clinicians have difficulty readmission within 90 days 1.2. At the University of California San admission with approximately one-third of patients requiring COPD exacerbations are one of the most common reasons for hospital

translate into better overall patient heath and better use of limited high risk patients with early interventions. Early interventions may readmission or death within 90 days would allow clinicians to target An effective predictive tool for identifying patients at high risk for

PURPOSE

provides predictive value. PEARL. It is unknown if the PEARL tool modified with mMRC still validated measure of dyspnea,9 which is the dyspnea score used with (mMRC) dyspnea scale. SAMMC uses mMRC rather than eMRCD as a replacing the eMRCD with the modified Medical Research Council purpose of this study is to evaluate the predictive ability PEARL extended Medical Research Council Dyspnea (eMRCD) score. The readmission or death after admission for a COPD exacerbation using the heart failure) tool has previously been validated to predict 90-day Dyspnoea Scale (eMRCD), Age, Right-sided heart failure, Left sided The PEARL (Previous admissions, Extended Medical Research Counci

- Center (SAMMC) admission data for the 18 month period from 1 Jan 2016 to 30 Jun 2017. This retrospective cohort study will use San Antonio Military Medical
- The target population is adults over 18 years of age with a diagnosis of COPD who have received care one of the medical center facilities.
- The study has been approved by the Institutional Review Board.
- admitted with a primary diagnosis of acute exacerbation of COPD. An electronic medical record ad hoc report will identify patients
- The following data will include the PEARL indices, demographic data, and outcomes data.
- and as 5b in a second calculation. mMRC scores of 4 will be assessed as eMRCD 5a in one calculation A modified PEARL score will be calculated using mMRC scores of 0, 1, 2, and 3 (replacing eMRCD scores of 1, 2, 3, and 4 respectively);
- or death without readmission at both 90 days and at 30 days. intermediate, or high) with the combined endpoint of readmission Chi-square will be used to compare PEARL risk assignment (low,
- Imputation will be used to handle missing data

PEARL Indices	eMRCD	mMRC
evious admissions	1 - Breathless with strenuous exercise	0 - Breathless with strenuous exercise
IRCD	2 – Breathless when hurrying on level or walking up slight hill	1 – Breathless when hurrying on level or walking up slight hill
Ф	3 – Walks slower than peers or stops walking at own pace	2 - Walks slower than peers or stops walking at own pace
ht-sided heart failure	4 – Stops after 100m or for a few minutes on level	3 – Stops after 100m or for a few minutes on level
ft-sided heart failure	Too breathless to leave house and: 5a - independent in washing/dressing 5b - dependent in washing/dressing	4 - too breathless to leave house or breathless when dressing/undressing

Rig Age eMI

RESULTS

- through 30 Jun 2017. An admission report was run with data from 1 Jan 2016
- 410 admissions were found to have a primary diagnosis of acute exacerbation of COPD.
- inpatient medical records. Data is currently being extracted from outpatient and

DISCUSSION

Pending results

CONCLUSION

Pending results

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DISCLOSURES

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